

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		4/19/99
O.I.P.E. CLASSIFIER			4-21-99
FORMALITY REVIEW		101581	5-5-99

INDEX OF CLAIMS

..... Rejected	N Non-elected
..... Allowed	I Interference
(Through numeral) .. Canceled	A Appeal
..... Restricted	O Objected

Final	Original	Claim
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
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49	✓	✓
50	✓	✓

Claim		Date					
Final	Original						
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[illegible]

**If more than 150 claims or 10 actions
staple additional sheet here**

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